

Case # 4

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An 8 year old girl was well until August of 1971 when she began to complain of headaches. About one month later neurological examination revealed papilledema. A lumbar puncture was "negative" and the diagnoses of pseudo-papilledema was made. One month later she developed torticollis. By October of 1971, she continued with the headaches, developed stiff neck and vomiting and gradually went into a comatose state. She still had bilateral papilledema. The pupils were dilated and fixed and she appeared unresponsive to physical stimuli. She went rapidly into respiratory arrest. An emergency cerebral ventricular tap showed grossly bloody CSF under high pressure. She regained respiration, and her pupils became normal and reactive. A ventriculogram and an arteriogram showed a right frontal mass lesion. A craniectomy was done. A tumor was seen presenting itself on the cortical surface of the anterior frontal, parasagittal region. It was a reddish, moderately vascular tumor, the size of a "lemon" (about 5 cm. in mx. dm.) "occupying essentially the whole of the right frontal lobe." It extended medially and posteriorly as far as the wall of the right lateral ventricle. The tumor was seen beyond the wall of the ventricle. It was removed in toto, in one piece. After surgery the right lateral ventricle was wide open. The patient withstood surgery rather well and in spite of postoperative G.I. tract complications, made a good recovery. She was left with a moderate left hemiparesis that required rehabilitation, but this has improved too. Her speech and intelligence are good, and she has returned to school. She is well at the time of this writing (March, 1973). The slide submitted is a section of one half of the whole tumor.

Points for Discussion:

1. Histological diagnoses.
2. Grade of malignancy. (This case is submitted to illustrate the value of electron microscopy as an aid in the diagnoses of "certain" brain tumors.